24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
CONCERNED AMERICAN VOTERS	C C00525899
	M = M / D = D / Y = Y = Y
Check if X 24-hour report 48-hour report New report Amends report file	
Full Name of Payee Concerned American Voters	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address 3030 Clarendon Blvd Ste 204	Amount
City State Zip Code	285.33
Arlington VA 22201	Transaction ID: WFT20144122130-1 Date of Disbursement or Obligation
Purpose of Expenditure Phone minutes Category/ Type	05 10 / Y Y Y Y Y Y
Name of Federal Candidate Support Off	ice Sought: X House District: 02
Bryan Smith Oppose	President Senate State: ID
Calendar Year-To-Date Per Election for Office Sought Dis 285.33	Sbursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Off	fice Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	sbursement For: Primary General
Total Elisabeth let elimoe esagni	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	285.33
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	285.33
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Edward King [Electronically Filed] Date	05 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	